

Health Department, City of Baltimore.

Permit No. 1730 Office of Registrar of Vital Statistics.

Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26 - '87.

Full Name of Deceased, Lizzie Myers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 Years, _____ Months, _____ Days.

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Don't know

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give Street and Number.} 160 Chestnut St.

Cause of Death, {First (Primary), Pulmonary Consumption
Second (Immediate), _____}

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, July 27/87 Alexander Hill, M. D.

{Undertaker, Geo. Rinehart Medical Attendant.

{Place of Business, Health Office Address, 223 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

A 1731

Office of Registrar of Vital Statistics.

Ward

5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PERMIT CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death,

July 25th 87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Albert Daskells

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

88

Years,

Months,

Days.

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Laborer

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Eastern Shore Md.

Duration of Residence in the City of Baltimore,

Don't know

Place of Death,

{ Give Street and Number. }

516 Chestnut.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Asthma, existing for years.

Dilated heart, all cavities involved

Duration of Last Sickness,

Two weeks in bed

All the above information should be furnished by the Physician.

Place of Burial,

E. Potomac Cemetery

Date of Burial,

July 27th 87

{ Undertaker,

Geo. Rinehart

{ Place of Business,

Health Office

Address,

223 N. Calvert St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. **A 1732** Office of Registrar of **Vital Statistics.**

Ward **17**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, **July 26th 1887**

Full Name of Deceased, **Joseph. Travers**

Sex, Male or Female, **Male**

Age, **3** Years, **5** Months, **17** Days.

Color, **White**

Married, Single, Widow or Widower, **Single**

Occupation, **Batterman M^d**

Birth Place, **During Life**

Duration of Residence in the City of Baltimore, **19**

Place of Death, **19 Heath St**

Cause of Death, **Diphtheria**

Duration of Last Sickness, **3 days**

All the above information should be furnished by the Physician.

Place of Burial, **Ver Cathecal**

Date of Burial, **July 27th**

Undertaker, **B. Hardy**

Place of Business, **115 West A** Address, **104 Fort**

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. *A 1733* Office of Registrar of Vital Statistics.

Ward *9*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, *July 26" 87*

Full Name of Deceased, *Elizabeth A. Auther Mann* { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Parents*

Sex, Male or Female, *Female* { Cross out the word not required in this line. }

Age, *2* Years, *2* Months, *2* Minutes, *0* Days.

Color, *Colored*

Married, Single, Widow or Widower, *Single* { Cross out the words not required in this line. }

Occupation, *Ball-Md* *Life*

Birth Place, *Ballo-Md* { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Life*

Place of Death, *86 St. Paul St.* { Give Street and Number. }

Cause of Death, *Premature Birth* { First (Primary), Second (Immediate), }

Duration of Last Sickness, *Life*

All the above information should be furnished by the Physician.

Place of Burial, *Frederick Douglass Cemetery Odd Fellows*

Date of Burial, *July 27" 87*

Undertaker, *Auther Mann* *James A. Stearns* *M. D.*

Place of Business, *Corner 16th & R* Address, *Corner 16th & R*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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J. P. Fitzpatrick Sanitary Inspector

[OVER.]

Health Department, City of Baltimore.

Permit No.

A 1734

Office of Registrar of Vital Statistics.

Ward

13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, *July 26 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Rebecca Goltzman*

Sex, Male or Female, { Cross out the word not required in this line. } *female*

Age, *14* Years, *14* Months, *14* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Ballroom*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Poland*

Duration of Residence in the City of Baltimore, *14*

Place of Death, { Give Street and Number. } *14 Anny Street*

Cause of Death, { First (Primary), Second (Immediate), } *Cholera infantum*
Convulsions

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, *Eden St Cong.*

Date of Burial, *July 27th 1887*

{ Undertaker, *Isaac Altfield*

{ Place of Business, *188 N High St* Address, *310 N Eutaw St*

A Siederswald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No.

1735

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 16th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anna Maria Brummer

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

Years,

8

Months,

28

Days.

Color,

Fair

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

✓

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give Street and Number. }

1518 1878 Bank St

Cause of Death,

{ First (Primary), }

Cholera Infantum

{ Second (Immediate), }

Exhaustion

Duration of Last Sickness,

Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial,

Trinity Cemetery

Date of Burial,

July 27th 1887

D. W. Mower

M. D.

Undertaker,

John E. Schuch

Medical Attendant.

Place of Business,

1735 Madison Ave.

Robert Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1736 Office of Registrar of Vital Statistics. Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John G. Hammarbacher

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 57 Years, — Months, — Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Store keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 23 years

Place of Death, { Give Street and Number. } 611 N. Cross St.

Cause of Death, { First (Primary), Second (Immediate), } Paraplegia
Prostration

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 28th 1887

{ Undertaker, Julius Kochler M. D.

{ Place of Business, Shaper & Cross Address, 418 N. Taca St Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

1737

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 26th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Scennis F. Haulan

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

7

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Balto

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give Street and Number. }

602 E. Madison

Cause of Death,

{ First (Primary), Second (Immediate), }

Cholera infantum, I think, I only saw the child at my office some time ago (so the parents, being the undertaker) through speak only from memory.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

I am not positive that I ever saw it, but I do not doubt the parents' statement.

Place of Burial,

Holy Cross

Date of Burial,

July 27th

Undertaker,

H. C. Weddelfeld

Geo. B. Reynolds

M. D.

Medical Attendant.

Place of Business,

916 Green Mt Ave

Address,

711 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1738 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas H Crawford

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, white Years, 4 Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give Street and Number. } 1517 N Stricker St

Cause of Death, { First (Primary), Second (Immediate), } Inanition

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 27, 1887

Undertaker, Martin Fisher M Warner M. D. Medical Attendant.

Place of Business, 606 W Lombard Address, 901 Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No.

A 1739

Office of Registrar of Vital Statistics.

Ward

12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Tuesday July 26, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Willie Tucker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 1 Months, 24 Days,

Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 1125 Morris St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 1125 Morris Alley

Cause of Death, { First, (Primary,) Enteritis (Diarrhoea) Second, (Immediate,) }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 27, 87

Undertaker, Geo. H. Hensley

Place of Business, 561 Orchard St. H. R. 233

Chas. H. Bruns M. D., Medical Attendant.

Address, 1027 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]